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ABSTRACT

The general aim of this study was to provide a research strategy for members of interdisciplinary teams in exploring the interrelationship between group and individual in the therapy group process. The special focus of the study was to provide a design model that could synthesize a wide variety of data gained from group interaction, individual personality tests, peer and therapist evaluations. The approach under consideration was to be evaluated as a potential instrument in future studies of comparative changes in psychotherapy, in studies of conditions under which the group climate is most therapeutic, in the prediction of behavior of various personalities in group interaction, and in the final analysis, as a means towards the attainment of relevant research findings from which a more satisfying theory of group therapy would be developed. It is admitted that the present approach is simplistic and that future efforts will be made to code content, to add a needed dynamic intrapsychic measure. The integration of psychotherapeutic, psychological, and social sciences presents the possibility of developing a more meaningful framework in which some of the "laws" common to all grouping behavior, as well as those specific to therapy groups, can be postulated. (Author)

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BEHAVIOURAL INDICES OF INDIVIDUAL AND GROUP DYNAMICS[1]

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1. Paper presented at a Symposium, "A Synthesis of Psychodynamics and Behaviour Modification in Group Therapy" at the 31st Annual Conference of the American Group Psychotherapy Association, New York City, February 15 - 18, 1974.

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The paucity of effective basic methodological research in group psychotherapy has essentially not been altered in the last decade (Bednar and Yawlis 1971; Lewis and McCants 1973; Parloff 1963, 1973; Pattison 1963; Roman 1967). There have been many critiques and suggestions offered but few have ventured into actual research design. It is easy to understand why for there is an overwhelming amount of observations to make and a lack of agreement about descriptive, evaluative or outcome procedures. Early studies such as those of Talland (1955), Munzer (1957) and Psathas (1960) were pioneers in their efforts to deal with the measurement of group interaction. Later Yalom et al., (1967) used a battery of tests to predict improvement in group therapy, and Liberman (1971) demonstrated the effectiveness of a leader utilizing a reinforcement technique to heighten group cohesion. Lieberman, Yalom and Miles (1973) have recently studied Encounter groups but no group evaluations were used.
In the main most studies have been retrospective, have concentrated on either test - retest of individual and interpersonal ratings, or a study of the group process.

The pertinent task it would seem would be to design a strategy to record important variables both in group interaction and personality styles and to be able to integrate them into a meaningful profile for the group as a whole, and for each participating member. The approach to be described will focus on: 1) a methodology of recording individual and group behavioural indices; 2) a baseline comparison of the problem

solving capacities and matrix of interaction of a therapy group with that of the norm of a college group of students; 3) the style of interaction of leader as compared to therapist; 4) the communication style of therapist as compared to patient members; 5) two patient examples to illustrate the integration of the technique. It is cautioned that the original study was not one of statistical evaluation or outcome and the data as used for the demonstration of the methodology. It is admitted that the technique is simplistic in the ommission of scoring content but the choice was to err on the side of objectivity.

METHODOLOGY:

The subjects of the study were five women, unknown to each other between the ages of 34 and 47. The feature they shared in common was that they were all mothers of disturbed children being treated at the Child and Adolescent Service of the Royal Victoria Hospital. Their I. Q.'s ranged from 100 to 128 and the psychological tests of these patients evidenced that they were anxious, depressed, and discouraged in their roles as mothers and in their identity as women. Most of them showed poor control over anger, hysterical outbursts and schizoid withdrawal. The six step procedure was as follows:

I. Prior to therapy: Clinical Test Battery.

All subjects were initially tested with a battery of clinical tests including the WAIS, Figure Drawing, Rorschach, and Sentence Completion. This material is not dealt with here other than in the above description of the subjects.

II. Initial Six-week Group Therapy Baseline:

For six weeks the five subjects were seen once weekly for ninety minutes, in psychoanalytically-oriented group therapy, in an atmosphere where interpretation of here-and-now group and individual dynamics were emphasized (Azima, 1969). The setting was an isolated room with a one-way screen. The patients were introduced to the "observers", a social psychologist and psychology major student. Their roles were identified as silent recorders who were learning about the nature and functioning of the therapy group.

III. Personality Testing prior to the research proper.

After the initial six sessions and prior to the commencement of the research proper, a socio-psychological test battery was administered by the psychology student. The results of these tests were kept from the therapist until the end of the study to prevent any possibility for bias. The scales used were:

1. Self Esteem Inventory: The Coopersmith Scale (1967) devised for adolescents was modified for 12 items for use with the adult subjects.
2. Semantic Differential measures of self-perception and attitudes towards significant stress. Analysis was made of eight concepts presented to each patient, namely me, child, husband, friends, father, mother, therapist, and mental illness. Each concept is rated on a series of 7 point scales, each one defined by a pair of adjectives such as good . . . bad . . . .. Analysis was made of the semantic factors of evaluation and potency, and not that

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of utility. The specific method of utilizing the Semantic Differential, Osgood (1957) will be demonstrated with the 2 patient examples.

3. IPAT - The Self Analysis form of the IPAT constructed by Cattell and Schier (1963) was used to assess the level of anxiety for each subject.

4. Machiavellian (Mach) Scale. This 20 item scale (Geis, Christie and Nelson, 1963) includes such items as: "Anyone who completely trusts anyone else is asking for trouble". In general a high Machiavellian is one who thinks he makes the best way possible in an admittedly imperfect world, is impersonal and exploits others for his own purpose.

5. Anomie Scale. A test of 17 items composed of seven Srole items (1956) given on a separate list, and ten anomie items intersperced in the Mach Scale. A typical anomie item is "You sometimes can't keep wondering whether anybody is worthwhile anymore". High anomie scoring indicates feelings of alienation, dissatisfaction with society, pessimism about the future etc.

IV. Bales Interaction Process Analysis.

After the initial six week baseline scoring of the group interaction was begun and continued for 12 sessions. Since this technique requires a common task focus, the Projective Therapy Tech ique (Azima et al, 1957) was introduced. A highly trained sociologist (Mary Riseborough Salisbury) carried out the scoring, and again no results were made known to the therapist until the completion of the study.

The Bales method (1950, 1970) is based on a theory of small group dynamics and examines in detail member interaction over time. The scoring is of twelve channels of communication subdivided into 4 areas of positive and negative individual responses, task raising (questions) and task solving (answers). The technique will become clearer in the data to follow. The reader is, however referred to the literature for a full appreciation of the technique.

V. Therapists' initial assessments and predictions.

After the fourth projective group therapy session the therapist wrote brief personality sketches of each patient and made independent predictions of expected changes in group interaction and in the personality tests administered. These predictions of change were given to a neutral observer for "safe keeping" until the study was completed.

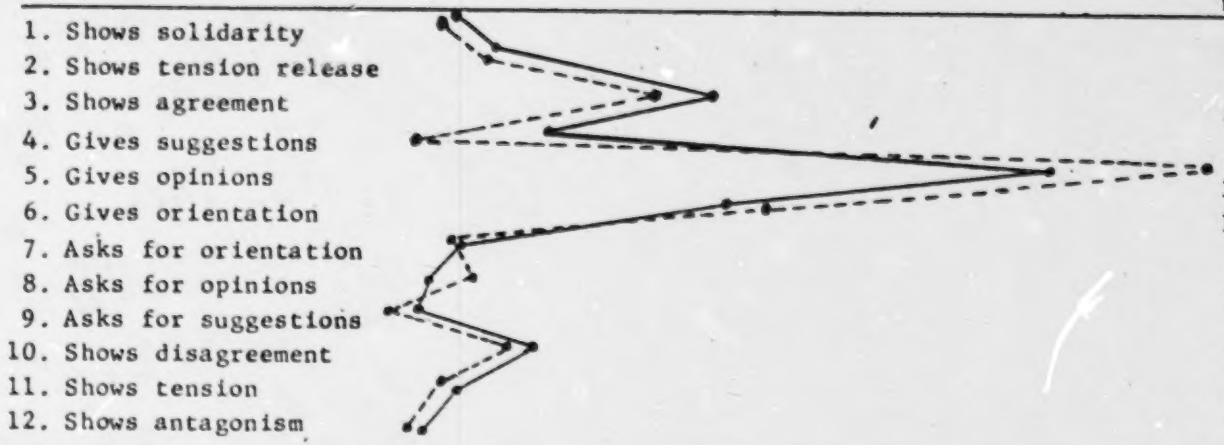
VI. Post Therapy.

1. Clinical retest batteries (not dealt with here).
2. Socio-Psychological Retests.
3. Patient Questionnaires. A patient questionnaire was devised, including such items as: how the patient saw others and herself participating and benefitting in the group, who she liked and disliked if her expectations were fulfilled, whether she felt her relationships with her children and group members had altered etc.

Results.

The results will be presented in the following order:

1) the group interaction analysis 2) the individual socio-psychological test battery 3) patient questionnaire 4) therapist predictions 5) two member examples of the



	Bales[a] norms	PT[b] group
1. Shows solidarity	3.4	3.0
2. Shows tension release	6.0	5.7
3. Shows agreement	16.5	13.5
4. Gives suggestions	8.0	1.9
5. Gives opinions	30.1	39.9
6. Gives orientation	17.9	19.6
7. Asks for orientation	3.5	3.0
8. Asks for opinions	2.4	4.9
9. Asks for suggestions	1.1	0.1
10. Shows disagreement	7.8	6.1
11. Shows tension	2.7	2.1
12. Shows antagonism	0.7	0.6

Percentage of total

Fig. 1 - Total interaction profiles of percentage rates for the projective therapy group compared with Bales' problem-solving groups. (Data from Bales, 1955)

[a]Bales' problem-solving groups (solid line). The profile of percentage rates is the average obtained on a standard task from 24 different young male student groups, four of each size from two to size seven, each group meeting four times making a total of 96 sessions. The raw number of scores is 71, 838.

[b]PT - total projective therapy groups (broken line). The profile of percentage rates is the averages for 12 therapy sessions (therapist and five female patients) ranging in size from three to six persons. The raw number of scores is 9503.

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integration of these findings. These results will be summarized in the following Figures and Tables.

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INSERT FIGURE I

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I. Group Interaction Analysis.

Figure I provides a useful baseline comparison of the communication profile between the present patient group and Bales' norm. The major differences in profiles between Bales' norms and the projective therapy group are: a) The PT (projective therapy group) groups' much less frequent giving of suggestions (Channel 4); b) their less pronounced tendency to ask for suggestions (Channel 9); c) their more frequent giving of opinions (Channel 5), and d) their somewhat less frequent expression of either positive or negative emotions. The basic similarity for the overall profile is that both devote somewhat more than half of the available time dealing with problem solving (i.e. 56% for the norms and 61.4% for the PT group), while the remainder of the interactions (44% for norms and 39% for the PT group) express positive and negative emotions, questioning or task raising. In other words both emotional and task oriented features are found in both but are modified according to the task and goals of the group. Bales' groups of college students stress obtaining solution of problems /discussion of human relation cases they are

Table 1

Aggregate matrix for all five-person projective therapy groups using basic initiating ranks[a]

Rank of initiator	Receiver 1	2	3	4	5	Total initiated to I[b]	Total initiated to G[c]	Total to I + G
1[d]		12.7	7.1	4.3	4.4	28.5	5.4	33.9
2	11.9		2.0	1.9	1.4	17.2	6.0	23.2
3	6.6	2.9		1.2	1.3	12.0	4.9	16.9
4	4.5	2.6	1.4		1.0	9.5	5.4	14.9
5	4.3	1.4	1.2	1.0		7.9	2.6	10.5
Total interaction received	27.3	19.6	11.7	8.4	8.1	75.1	24.3	99.4

[a]Based on eight five-person group sessions (6502 raw scores); see Appendix C, Table 19. Entries represent averages of all the percents for each of the eight sessions.

[b]Total initiated interaction which was directed to individuals (I).

[c]Total initiated interaction which was directed to the group as a whole (G).

[d]Any member including therapist who was rank 1 for any of the eight five-person groups.

Table 2

Aggregate matrix for five-person problem-solving group norms[a]

Rank of initiator	Receiver 1	2	3	4	5	Total initiated to I	G	Total to I + G
1		6.4	4.5	3.1	2.1	16.1	22.9	39.0
2	9.1		2.9	1.8	1.3	15.1	6.9	22.0
3	5.8	3.1		1.3	.8	11.0	6.0	17.0
4	4.2	1.8	1.2		.8	8.0	5.0	13.0
5	3.0	1.0	.7	.7		5.4	3.6	9.0
Total interaction received	22.0	12.3	9.3	6.9	5.0	55.6	44.4	100.0

[a]Bales' norms (1953).

asked to discuss) while the therapy group spent more time in giving opinions, self-analysis etc.; ask for clarification of problems but show little urgency to give suggestions of how to reach decisions.[1]

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INSERT TABLES 1 and 2

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Tables 1 and 2 illustrate the initiation and reception patterns for the five-person therapy group compared with Bales' five-person problem solving groups. Comparison of these tables shows two essential differences. First, therapy group members direct more of their interactions to individuals than to the group as a whole. Approximately 75% of the interaction is with individuals as compared to 25% with the overall group, while in the Bales' normative data 55% is with individuals and 44% with the whole group. Judging from this matrix the therapy group's style is to focus more on individualized problems and gradually to relate these to common group themes (243%). Both initiation "totals to individuals" and "reception totals" for each rank are higher for person-to-person interaction in therapy groups as compared to Bales' norms. Second, the role of rank 1, typically the therapist, contrasts with rank 1 in Bales' norms, typically the task oriented group leader. If we compare the therapists' degree of initiation of interaction to individuals (28.5%) to that of 16% for Bales' leader, one sees that the role of the therapist

1. The data was also compared with that of Talland (1955) and Psathas (1960) and will be reported separately.

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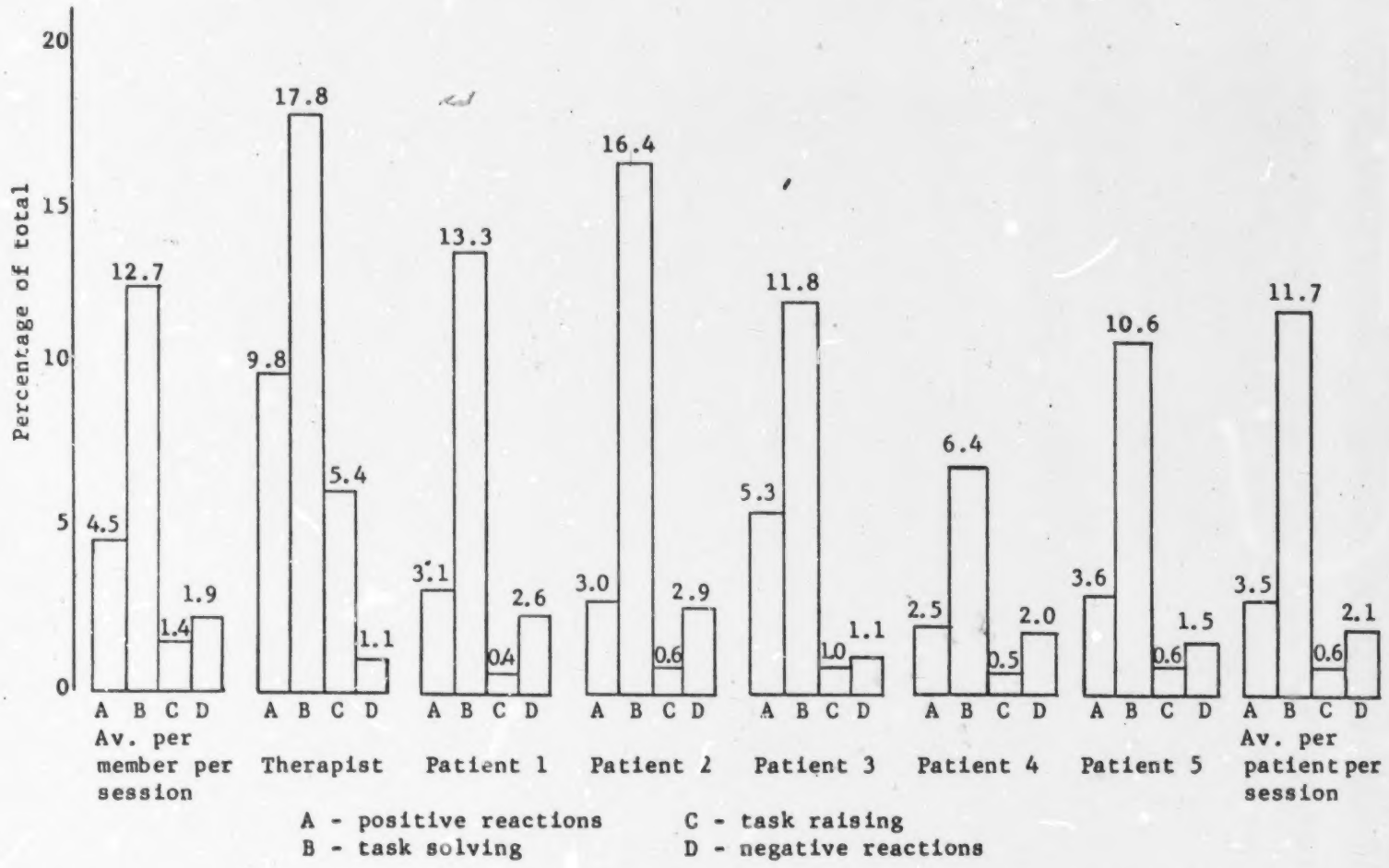

Fig. 2 - Total percent profiles of qualities of interaction for total therapy group, patient group, and individual members. These percent ABCD interaction scores are based on the total group for each of the 12 sessions.

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requires more active involvement in interaction, particularly with silent members. The therapist style was initially to interact with one person after another and then summarize group themes. However, a critical difference between the leaders was that once the therapist started contact with others, she then did not solicit the return of interaction in any disproportionate way. If we look at the reception side of Table 2, we see that the therapist received somewhat less than she initiated (27% as compared to 28.5%) while the reverse is true in problem solving groups where the leader receives more interaction than he initiates (22% versus 16.1%). The latter is likely a device to assure the status of the Bales' leader. The general level of person-to-person interaction is higher in the therapy and all members participate in a more equalitarian fashion.

A comparison of the communication styles of patient members and therapist is given in Figure 2.

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INSERT FIGURE II

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The profile for the therapist deviates most strikingly from all other members, the two most prominent differences being the increased use of areas C and A, indicating that the role of the therapist in this therapy group was the accentuation of task raising and positive socio-emotional expression. Examination

of the total therapy and patient profiles the emphasis is B, A, D, and C, while for the therapist it is B, A, C, and D. This figure also graphs the unique contribution of each individual member. Summarizing other analysis, the therapist, as a group member, puts the task first (area C.) by asking for opinions and information, she then stresses positive emotional interactions, especially in the form of showing agreement and, to a slighter degree solidarity raising. The next function of the therapist was to work in the problem-solving area by giving opinions and gradually offering suggestions in the form, at times, of interpretation. Examining the data over the 12 sessions it is worthy of note that the therapist reflected a consistent pattern - - She was the most positive member, worked most on task raising and was the least negative member. The distributions clarify the nature of the therapist's interaction: to involve the patients in working on their problems, to be positive and not a negative figure and to play an important but not necessarily primary role in providing answers in giving solutions. One can infer from these data that the therapist was a model, (closest to Bales' norm) for the patients of how to organize their facts and feelings, to work on and hopefully, in time to solve their own problems.[2]

2. Detailed analyses were also made of all members' quantity of interaction, modification in communication in groups of differing size, and specific interpersonal roles each played in the group matrix.

Table 3

Individual personality measures:
test-retest scores

	Test Measures							
	Self-Esteem		Anxiety		Machiavellian		Anomie	
Patient	T^1	T^2	T^1	T^2	T^1	T^2	T^1	T^2
1	90	98	15	8	29	39	52	46
2	36	48	47	47	86	89	69	64
3	38	42	39	31	63	53	44	64
4	48	64	47	44	56	68	53	64
5	14	54	65	55	53	68	67	49
Neutral or Average scores	50		28.6		80		68	

Note: The higher the scores, the more favorable is self-esteem, the higher the levels of anxiety, the more Machiavellian the outlook, and the more anomic the attitudes.

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Table 4

Semantic differential test-retest scores:
potency scales

Patient	Concepts															
	Me		Child		Husband		Mother		Father		Friends		Therapist		Mental Illness	
	T_1	T_2	T_1	T_2	T_1	T_2	T_1	T_2	T_1	T_2	T_1	T_2	T_1	T_2	T_1	T_2
1	14	12	14	12	18	16	15	15	16	16	17	12	10	12	9	13
2	12	14	13	10	15	15	10	12	13	13	12	11	13	11	10	12
3	12	14	15	15	14	7	13	12	16	15	12	14	12	15	15	9
4	8	8	9	8	9	11	10	10	10	10	8	10	12	12	12	10
5	12	10	12	7	18	15	11	10	13	15	15	12	11	12	12	11

Note: Scores from 1-21 with a neutral or average of 12. Low scores reflect weak potency and high scores strong potency for tests (T) 1 and 2.

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Table 5

Semantic differential test-retest scores:
evaluation scales

Patient	Concepts															
	Me		Child		Husband		Mother		Father		Friends		Therapist		Mental Illness	
	T_1	T_2	T_1	T_2	T_1	T_2	T_1	T_2	T_1	T_2	T_1	T_2	T_1	T_2	T_1	T_2
1	17	16	17	17	21	14	19	18	13	16	20	20	20	20	12	9
2	14	14	15	10	18	16	13	14	12	14	18	17	18	17	9	10
3	11	12	14	16	14	11	12	11	12	17	12	17	17	19	12	6
4	13	15	16	16	10	12	15	17	14	14	15	15	15	17	12	10
5	10	16	21	16	6	7	18	17	17	14	21	19	21	20	6	7

Note: Score range from 1-21 with a neutral or average of 12. Low scores reflect unfavorable evaluations and high scores favorable ones for test (T) 1 and 2.

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II. Socio-Psychological Test Results.

Our main concern was how each member's attitude and her unique perception of herself and of others, her levels of anxiety, anomie and Machiavellianism affected her mode of interaction with others.

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INSERT TABLE 3.

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In summary, the general picture from these personality measures was of a group of women who lacked self-esteem, were very anxious, were not Machiavellian in their outlook, but who were rather passive, manipulated individuals. However, they were not marked by strong feelings of anomie or alienation. The retests suggested that following the group experience the group showed somewhat more self-esteem, less anxiety, somewhat stronger Machiavellian trends, with three patients showing a decrease and two an increase in feelings of anomie or alienation.

The test - retest of the Semantic Differential are outlined in Tables 4 and 5.

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INSERT TABLES 4 and 5.

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Table 6

Patient questionnaire responses

Items	Subjects				
	P_1	P_2	P_3	P_4	P_5
1. Most contribution	5	-	-	-	-
2. Most participation	2	1	-	1	1
3. Most controlling	2	4	2	2	2
4. Most changed	5	5	5	5	4
5. Most benefitted	1	-	-	5	5
6. Not disliked	-	4	-	2	-
7. Most liked	all	3+5	5	5	4
8. Expectancies fulfilled	yes	"no"	no	yes	yes
9. Closer to therapist	yes	yes	yes	yes	yes
10. Closer to group	yes	yes	yes	yes	yes
11. Closer to children	yes	no	yes	yes	yes
12. Objects self-revealing	yes	no	yes	yes	yes
13. Objects reveal to others	yes	no	yes	yes	yes
14 Objects help group function	yes	no	yes	yes	yes
15. Enjoyed free creation	yes	no	yes	yes	yes
16. Recommend to others	yes	"no"	yes	yes	yes

Note: Objects refer to those made in the projective period. For item 8, "no" read "not quite". For item 16, "no" read "perhaps".

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In brief these results indicate that these women did not have a very unfavourable concept of themselves, although they clearly did not value themselves as they did family members or friends and did not perceive of themselves as very powerful individuals. The changes in scores suggest that the self (me) and father were evaluated somewhat more favourably, and at the same time child and husband became less potent or powerful, and therapist somewhat stronger as rated by the majority of the group.

III. Patient Questionnaire.

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INSERT TABLE 6

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The group trends from the Patient Questionnaire were as follows: a) patient 2 was regarded as the most controlling; b) patient 5 was seen as the most changed; c) all patients felt closer to the therapist; d) four of the five patients felt closer to the group, closer to their children, and would recommend the group technique to others; e) for three of the five patients, patient 1 was seen as the most active participator, patient 5 as the most liked; these three also felt that their expectancies had been fulfilled. In general, there was very strong agreement on four items (for three patients) and strong agreement on nine items (for three patients) out of a total of 16 items. As a group, there was a noticeably high degree of agreement in rating the behaviour of

Table 7

Therapist's predictions matched
with test results

	Predictions											
	S. E.			Anxiety			Mach			Anomie		
Patient		V	x		V	x		V	x		V	x
1	more	V		less	V		less		x	less	V	
2	more	V		less		x	less		x	less	V	
3	more	V		less	V		less	V		less		x
4	more	V		less	V		more	V		less		x
5	more	V		less	V		more	V		less		

Note: S. E. - self-esteem
Mach - Machiavellianism
V - correct therapist prediction
x - incorrect therapist prediction

their peers, and the benefit they received from the therapy technique. Further, members of the group demonstrated that they could agree on the "character" and "progress" of others.

IV. Therapist's Test Predictions.

The therapist's predictions for increases and decreases in self-esteem, anxiety, Machiavellianism and anomie are given in Table 7.

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INSERT TABLE 7.

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Out of 20 predictions made for the five patients, 15 went in the expected direction. The "errors" were on predictions of decreases in Machiavellianism for patients 1 and 2, decreases in anomie for patients 3 and 4, and no decrease in anxiety level for patient 2. The therapist's predictions matched the actual rise in self-esteem and decline in anxiety that occurred in the group as a whole, but there was more difficulty in assessing the personality characteristics of Machiavellianism and anomie.

V. Patient Illustrations of the Integration of Individual and Group Interaction Profiles.

1. Patient 2 - The "drop out" of the group terminated treatment after the twelfth session. Reviewing and integrating the previous data presented in the Tables the following features emerged: She was the most active participator, the most active competitor for power, the most active disagreer and opinion giver.

She actively solicited interaction and concomittantly rejected most group members including the therapist. With regard to her personality she was the strongest Machiavellian in the group, a woman with fairly strong feelings of alienation, and one who had to perceive herself as stronger and more powerful than others (Semantic Differential). On retest she was the only person who did not diminish her anxiety level and whose perception of the concept child became worse. In terms of her interaction within the group, she competed with the person closest to her in amount of participation, patient 1, who was at the same time the weakest Machiavellian. She also used patient 4 as a scapegoat (the most silent, most tense woman in the group). Her peers considered her as the most controlling. Her own ratings revealed a negative, critical woman who had no faith or trust in the group or the group technique. In effect this sketch elucidates a small time sample of the life history of a specific type of individual as it occurred in the therapeutic group process. From the evidence at hand, one guess is that she dropped out of the group because she did not have the flexibility to modify her domineering, controlling attitude. Staying in the group would have meant risking involvement and possible demotion of herself in the power hierarchy. One hypothesis suggested by this case is that the typical Machiavellian would have difficulty in most therapy groups for, like the present example, they may be closed to influences or suggestions from others. In future research it would be of interest to study a homogenous group of Machiavellians, and to follow over a period of time their alteration in ranking order in the group matrix.

This example suggests, as well, that it is not merely the quantity of participation, but more important the quality of the communication of the individual in reciprocating or rejecting interactions with the group as a whole.

2. At the other extreme, what constellation of factors identified the "good" group member or the one who profited the most? In the present context she, (patient 4) was the most anxious woman, lowest in self-esteem, and although not an overly active participator, was able to relate to the group as a whole without forming negative and destructive dyads. By peers and therapist alike she was considered as having benefited and changed the most, and being the best liked by the majority of the group. It was apparent that this woman was able to openly ask for help and to admit that she had many problems. By putting aside any quest for power and displaying her weakness, she enlised the involvement, sympathy, and committment of other members without creating negative feelings. She appeared grateful for their interest and suggestions. In the ongoing process she became more active, related to most of the others, and was not strongly dependent upon the therapist. On the questionnaire she presented the picture of a motivated, loyal, and trusting individual who had been convinced of the value of the group and whose expectations had been met. It is not surprising that this woman showed the most marked growth in self-esteem, a reduction in anxiety, and noticeably improved evaluation of herself and of the other important family members.[3]

3. The Semantic Differential results were plotted in this cluster approach for all members. The visual representation of the self concept with other grouping appears a useful innovative procedure.

Figures 3 and 4 illustrate the change in concept of self and others and graphically demonstrate the degree of distancing or intimacy among concepts. This patient although critically anxious, fearful, withdrawn, and mysterious in the beginning stages was able to be influenced by the therapeutic processes of the group. By gaining strong support from others, she corrected some distortions of herself, and gained considerably in ego strength. Her relationship with her daughter greatly improved and her depression lifted. At the same time, the patient with her unique constellation "of givens", was a therapeutic agent whose style of interaction, reciprocation, her method of working on problems, and her gradual ability to present new behaviour served as a type of identification model for other group members. She was a good listener, was not overly dependent on the therapist, was respected for her opinions and her own self-disclosure of low self-esteem. She was a positive supportive member who established reciprocal positive relationships. In essence these qualities represent criteria for a successful group therapy. It is of interest to note that the therapist's predictions on this patient in all areas were correct as if to indicate that the therapist was able to assess and establish adequate orientations and therapy goals for this group member.

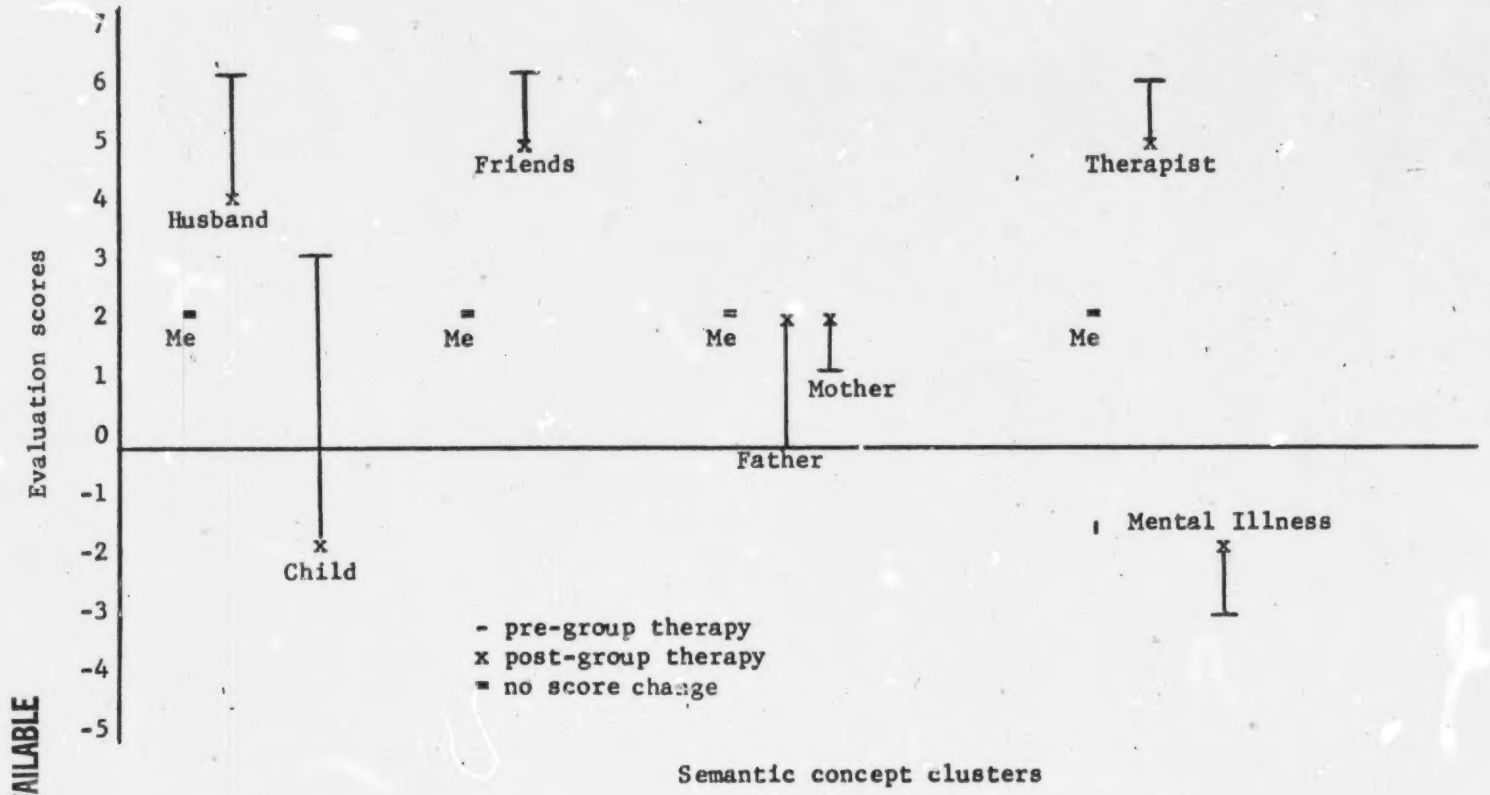

Fig. 3 - Schematic representation of evaluative relationships between self and others for patient 2 on Tests 1 and 2 (pre- and postprojective group therapy).

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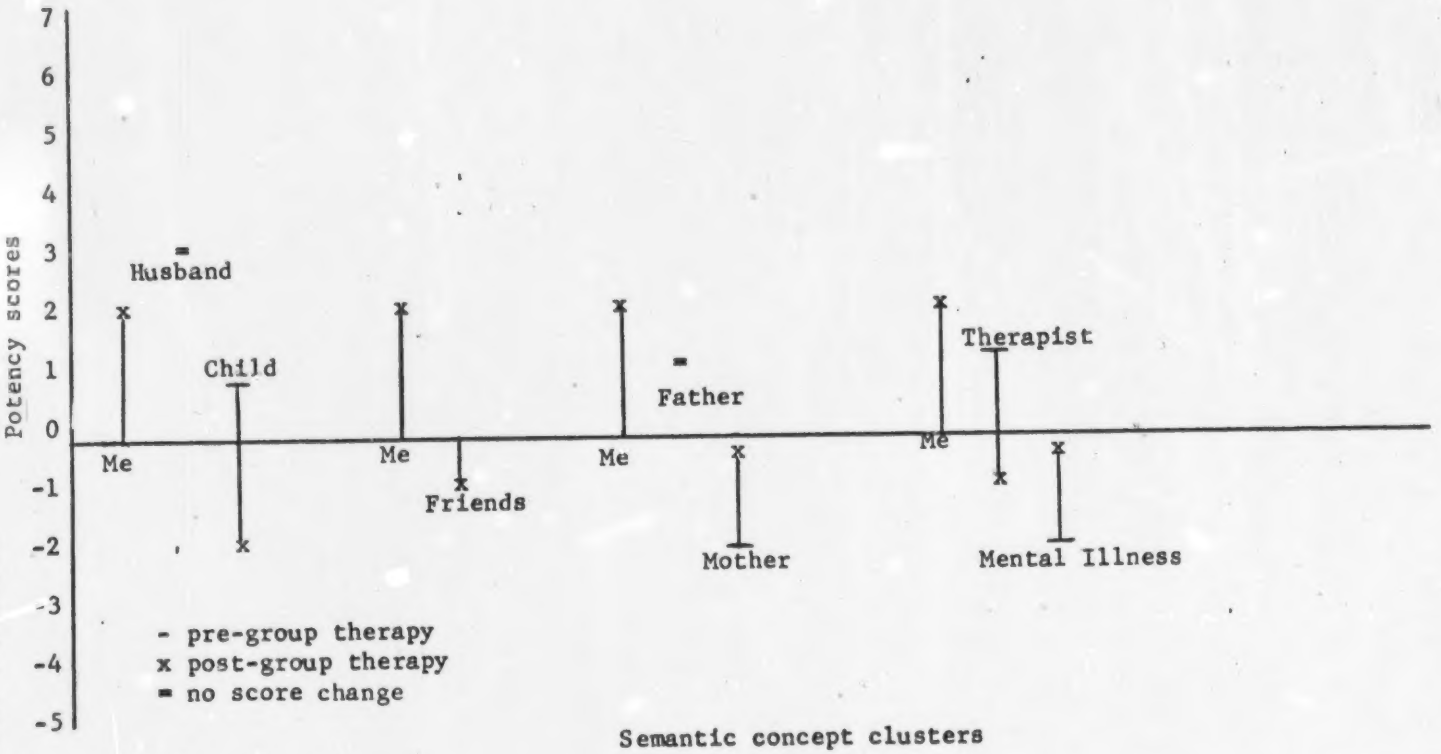

Fig. 4 - Schematic representation of potency relationships between self and others for patient 2 on Test 1 and 2(pre- and postprojective group therapy).

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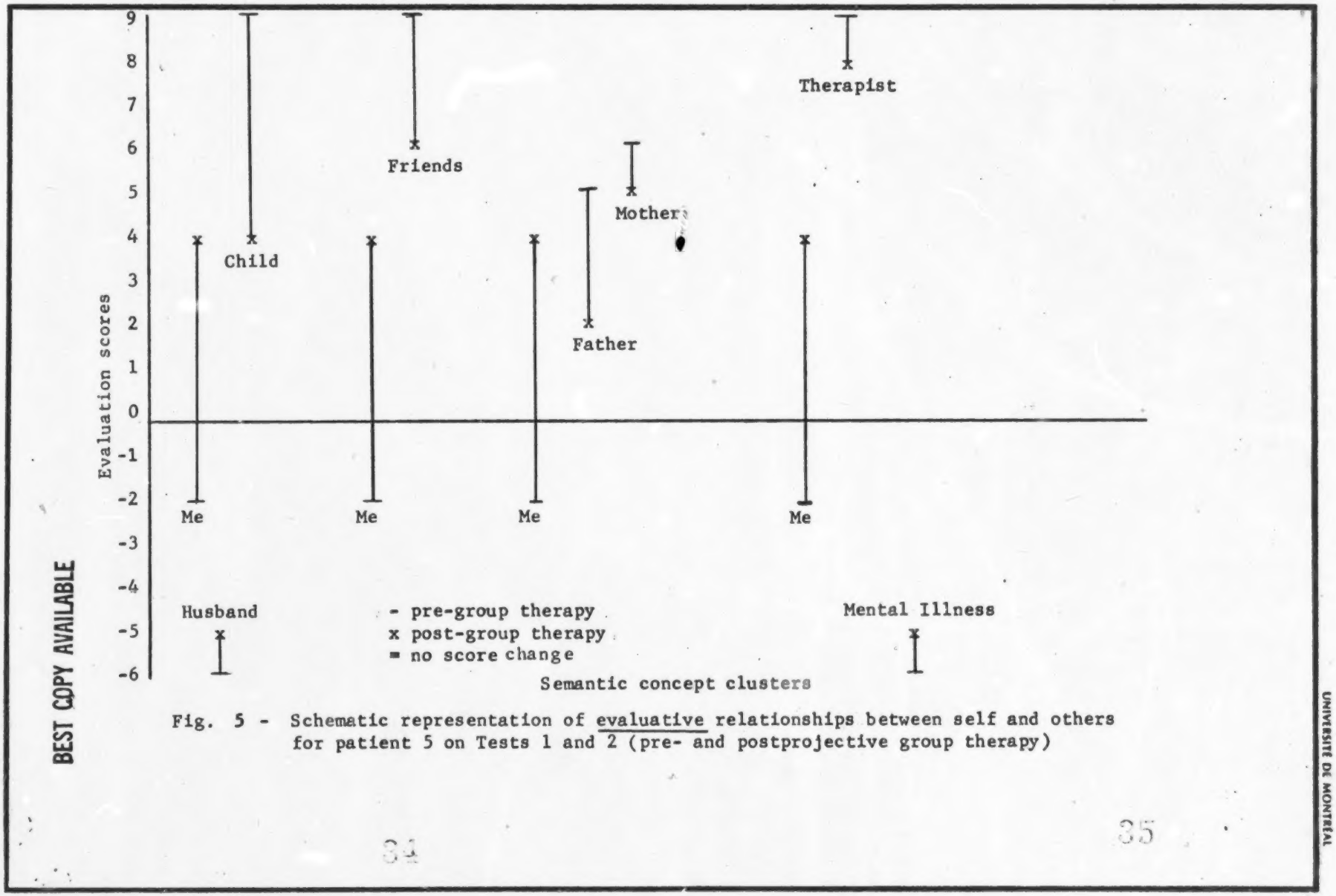

Fig. 5 - Schematic representation of evaluative relationships between self and others for patient 5 on Tests 1 and 2 (pre- and postprojective group therapy)

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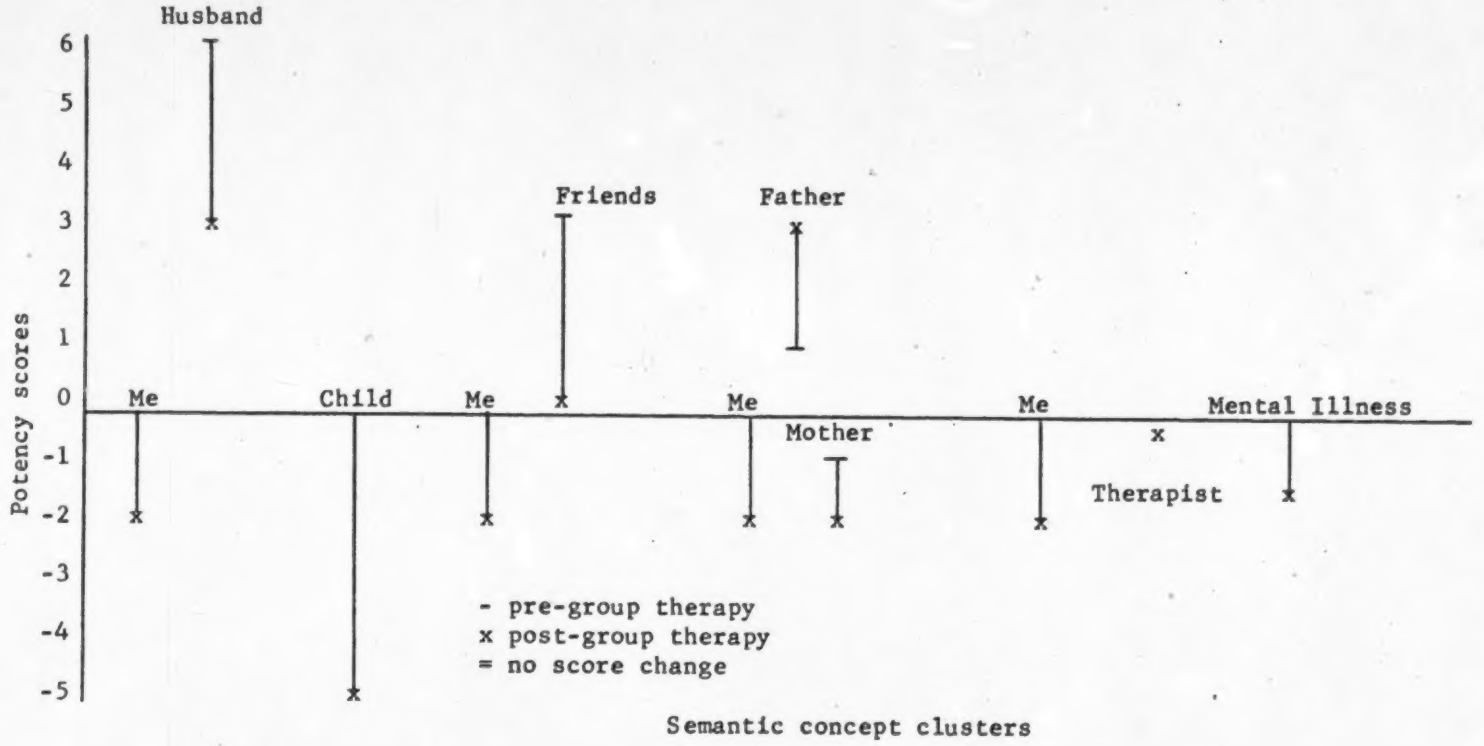

Fig. 6 - Schematic representation of potency relationships between self and others for patient 5 on Tests 1 and 2 (pre- and postprojective group therapy)

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